No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39907

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 397

740

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Farmington St. Francois
c. LENGTH OF STAY (In this place) 6M, 17Das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steelville 0280
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) HENRY
c. (Last) McINTOSH

4. DATE OF DEATH (Month) (Day) (Year) December 8, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Dec. 23, 1875
9. AGE (In years last birthday) 76 — If under 1 year: Months 11, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Fanning, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George McIntosh
13b. MOTHER'S MAIDEN NAME Lucretia Mundy
14. NAME OF HUSBAND OR WIFE Maud Haley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo. — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Terminal pneumonia - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured lip hip - - - - - - - — 9 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cerebral arteriosclerosis. — Sev. yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 294 E9037 71
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ward of institution
21c. (CITY, TOWN, OR TOWNSHIP) Farmington (COUNTY) St. Francois (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 28, 1952 10:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Was pushed by another patient.

22. *I hereby certify that I attended the deceased from* May 21, 1952, *to* Dec. 8, 1952, *that I last saw the deceased alive on* Dec. 8, 1952, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan (Degree or title) M.D.
23b. ADDRESS State Hospital No. 4, Farmington, Missouri
23c. DATE SIGNED 12-9-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 12-11-1952
24c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery
24d. LOCATION (City, town, or county) Steelville, Missouri (State)

DATE REC'D BY LOCAL REG. Dec. 9, 1952
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE Halbert Funeral Home, Steelville, Mo. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Paul K Bergal

Licensed Embalmer No. 4120

P. O. Address Farmington Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.